

SAY Soccer Troy  
Coed Player Registration (Players with Birthdates between 8/1/1995 and 7/31/2000)

**PLAYER**

**INFORMATION**

Player Name	First Name	Last Name	Date of Birth	MM/DD/YYYY		
Address:						
City:						
Grade in Sept. 2014:	8	9	10	11	12	Approximate Shirt Size: YM/ YL/ AS/ AM/ AL/ AXL

**PARENT/ GUARDIAN INFORMATION**

Circle One: Father/Mother/Guardian	Name	Circle One: Father/Mother/Guardian	Name
Primary Phone:	Secondary Phone:	Primary Phone:	Secondary Phone:

Email:

Email:

**MEDICAL RELEASE & HOLD HARMLESS**

NO CHILD WILL BE ALLOWED TO PRACTICE OR PARTICIPATE IN S.A.Y SOCCER UNTIL A SIGNED MEDICAL WAIVER AND RELEASE IS IN THE POSSESSION OF S.A.Y. SOCCER TROY OR ITS AUTHORIZED REPRESENTATIVE.

**PRIMARY PERSON**

Name	Relationship	Phone
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**SECONDARY PERSON**

Name	Relationship	Phone
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IN THE EVENT OF REASONABLE ATTEMPTS TO CONTACT ME OR OTHER SPECIFIED PERSONS IN CASE OF AN EMERGENCY HAVE BEEN UNSUCCESSFUL, I HEREBY GIVE MY CONSENT FOR:

1. THE ADMINISTRATION OF ANY TREATMENT DEEMED BY DR. \_\_\_\_\_ (PHYSICIAN) OR DR. \_\_\_\_\_ (DENTIST)
2. IN THE EVENT THE PREFERRED PHYSICIAN AND/PR DENTIST ARE UNAVAILABLE, ANY TREATMENT DEEMED NECESSARY BY ANY OTHER AVAILABLE LICENSED PHYSICIAN OR DENTIST IS ACCEPTABLE.
3. THE TRANSFER OF MY CHILD TO \_\_\_\_\_ (HOSPITAL) OR ANY OTHER HOSPITAL REASONABLY ACCESSIBLE.

WE HEREBY AGREE THAT THE SOCCER ASSOCIATION FOR YOUTH (SAY) ITS MEMBERS, COACHES OR OFFICERS SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS WHICH MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN ACTIVITIES OF ANY KIND WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF SAY AND WE AGREE TO INDEMNIFY AND TO HOLD HARMLESS SAY, ITS MEMBERS, COACHES, OFFICERS OR DESIGNATES OF ANY KIND FROM ANY CLAIM WHATSOEVER.

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*NO LATE FEE FOR STUDENTS WHO GET CUT FROM THE HIGH SCHOOL TEAMS TRYOUTS\*\***  
**FEE & REFUND POLICY (CHECKS PAYABLE TO SAY SOCCER TROY)**

A \$20.00 per child charge will be assessed if registering late. (\$40 family max)  
First Player Registration (\$45.00) \_\_\_\_\_  
Additional Player(s) (\$30.00) \_\_\_\_\_  
Total Amount Included: \_\_\_\_\_

Requests for refunds must be in writing to S.A.Y Soccer Troy and sent to the Treasurer at the mailing address below. Include the name of the child, date of birth, name of person to who the refund check should be issued and state the reason for the refund. Refunds requested after July 30 will be subject to and in accordance with current Board policy.

**OPPORTUNITIES:**

S.A.Y. Soccer Troy is an all volunteer organization. Your support as a parent or guardian is required in order for the program to serve your child. Please consider serving in one of these capacities.

PAID POSITION: Referee \_\_\_\_\_  
VOLUNTEER POSITIONS: Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_  
SAY Soccer Troy Board \_\_\_\_\_ Scheduling \_\_\_\_\_ Registration \_\_\_\_\_

Sponsor a Team (\$200) \_\_\_\_\_  
Number of past years experience (if any):  
\_\_\_\_ REC Soccer \_\_\_\_ SAY Soccer \_\_\_\_ Select Soccer

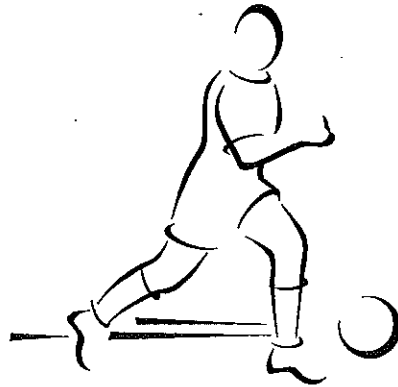
**Unacceptable Behavior:**

Any behavior that does not deem to be appropriate will not be tolerated. ALL UNTOLERATED BEHAVIOR will be handled with a first warning. Any circumstance that arises will be presented before the Troy SAY Soccer Board and documented for the given season. A second offense of unacceptable behavior during the course of the season will then cause that player to forfeit the soccer season with no refund given, no exceptions.

Office Use Only:  
Striker/Kicker \_\_\_\_\_  
Receipt Number/ Check Number \_\_\_\_\_ / \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**COED Soccer Team Registration Form for 14-18 Year olds.  
MOST GAMES ARE PLAYED ON SATURDAY AND SUNDAYS WITH  
FEW EXCEPTIONS.**



**Interested in having a good time playing soccer this fall?**

If you were born between July 31, 2000 and August 1, 1995 then you can register to play SAY Soccer's Coed league. Just fill out the form on the back of this page and mail it to the address indicated below.

Registration is open through July 26, 2014. (Late Registration subject to team availability)

**No late fee will be assessed to players cut from the High School team tryouts!**

**Have questions? Call Eric Flory at 609-9283.**

SAY is an all participation organization.

We have the following expectations about our players:

- Player is to attend all scheduled events
- Player/Parent/Guardian is to notify coach of any illness or of a planned event that will require Player to miss a schedule event
- All unacceptable behavior will be reviewed by the Troy SAY Board

**PLEASE HANDLE ANY OF THE ABOVE CONCERNS  
WITH A COURTESY CALL TO YOUR COACH!!**

*Please mail forms to:  
SAY Soccer Troy  
P.O. Box 372  
Troy, Ohio 45373*